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## BIB DATA SHEET

CONFIRMATION NO. 6468

<b>SERIAL NUMBER</b> 10/596,427	<b>FILING or 371(c) DATE</b> 06/15/2007 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3715	<b>ATTORNEY DOCKET NO.</b> 61771.US		
<b>APPLICANTS</b> Daniel Mark Wallaker, Essex, UNITED KINGDOM; Jeremy Roger Mills, Essex, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/05310 12/16/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0329521.9 12/19/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/20/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /NIKOLAI A GISHNOCK/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance /NAG/ Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> LUEDEKA, NEELY & GRAHAM, P.C. P O BOX 1871 KNOXVILLE, TN 37901 UNITED STATES						
<b>TITLE</b> Dummy Medical Instrument for Use in a Simulator						
<b>FILING FEE RECEIVED</b> 1390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		